

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::	10/603,819
Application Date::	06/26/03
Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	ADMINISTRATION OF MEDICINAL DRY POWDERS
Attorney Docket Number::	239639US8
Total Drawing Sheets::	10

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Status::	FULL CAPACITY
Given Name::	Thomas
Family Name::	NILSSON
City of Residence::	Mariefred
Country of Residence::	Sweden
Street of Mailing Address::	Hagavagen 3
City of Mailing Address::	Mariefred
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	SE-647 32
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Sweden
Status::	FULL CAPACITY
Given Name::	Mattias
Family Name::	MYRMAN
City of Residence::	Stockholm
Country of Residence::	Sweden
Street of Mailing Address::	Drotnigholmsvaegen 8
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	SE-112 42

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Sweden
 Status:: FULL CAPACITY
 Given Name:: Claes
 Family Name:: FRIBERG
 City of Residence:: Akers Styckebruk
 Country of Residence:: Sweden
 Street of Mailing Address:: Riavaegen 16
 City of Mailing Address:: Akers Styckebruk
 Country of Mailing Address:: Sweden
 Postal or Zip Code of Mailing Address:: SE-640 60

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Sweden
 Status:: FULL CAPACITY
 Given Name:: Sven
 Family Name:: CALANDER
 City of Residence:: Straengnaes
 Country of Residence:: Sweden
 Street of Mailing Address:: Dalaengsgatan 4
 City of Mailing Address:: Straengnaes
 Country of Mailing Address:: Sweden
 Postal or Zip Code of Mailing Address:: SE-645 32

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
0301815-7	Sweden	06/19/03	YES

ASSIGNMENT INFORMATION

Assignee Name:: MEDERIO AG
 Street of Mailing Address:: P.O. Box 138

City of Mailing Address::	Hergiswil NW
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-6052